



## When Crisis Began, DAP Stepped In

By Darrell Tucci

Since 1984 DAP has been on the front lines of the HIV and AIDS pandemic—that's 36 years of lessons learned. Combine that with some of the best infectious-disease professionals and medical providers in the state, and it was a very quick decision on behalf of the team to open a COVID-19 Triage Clinic.

The COVID-19 Triage Clinic at DAP not only tests, but also fully triages patients. Clients can get flu tests, strep tests, and a full health examination. We decided we wanted to properly treat clients for a variety of respiratory illnesses, including stabilizing therapy for severe cases requiring hospitalization.

We have been in constant conversations with our longer-term clients every step of the way. Most of them are 65 and older, living with fragile immune systems, and many times, they are lower income. Grocery and meal delivery services are too costly for most of our clients to afford as they shelter in place. That's why we started providing nutritious food and essential packages of toiletries and packaged goods, delivered to their doors across the valley.

Keeping them linked to care didn't end there. Realizing it might be quite a while before our most-fragile clients could come out to see a doctor in person, we implemented telehealth, so folks could get primary care and specialty care from the comfort of their home with our doctors, psychologists.

We have kept the sexual health of our clients in the conversation throughout this health crisis. We learned from the worst years of the AIDS epidemic that shaming people over sex doesn't stop STIs from spreading—it does just the opposite. That's why we're offering HIV at-home self-testing

and making sure that STI testing, PrEP and PEP are still available. DAP is known for that human connection, and our health navigators are still there to help people understand their options, no matter what.

Responding to widespread recent unemployment, we introduced a service called One Call. DAP is opening its doors to literally everyone—as we have been, but we are making it clearer—and then giving people one number that can be connected to an insurer, as well as to a doctor on our campus for their first scheduled appointment. If they need behavioral health care, they can be connected to that, too. Within an hour or so on the phone with our staff, the person who has never been in our care before could be connected to a government funding source or an insurer, have their appointments scheduled, and be ready to be brought into care.

### Challenged, but not broken

The loss of revenue from mandated shutdowns of our Revivals stores and our dental clinic sparked an immediate financial crisis. DAP was already coping with an immediate decrease in patient volumes when this crisis started, because people were afraid to leave the house.

Starting the COVID-19 Triage Clinic has cost about a half-million dollars, over about a three-month window. Donors in this community have stepped up in big ways, and so have some foundations. As a Federally Qualified Health Center, we have received some money through the CARES Act.

DAP is not out of the woods, financially, and the road ahead will be challenging. Fortunately, we are on a much better path than we were just a month ago, especially with Revivals re-opening.

# TREATMENT AS PREVENTION

**In setting out to help others, we just might end up helping save the world.**

“Initially I didn’t understand that U=U had a role in ending the epidemic in terms of preventing new transmissions,” Bruce says. “I always really focused on improving the lives of people with HIV and ending the stigma that we have faced for so long.”

In terms of ending the epidemic, U=U is essential. The more people who are on treatment and undetectable, the fewer new transmissions there will be. Thanks to activists like Prevention Access founder Bruce Richman, the medical establishment finally acknowledged the scientific reality of U=U, changing the lives of people with HIV.

According to Dr. Anthony Fauci, the nation’s top infectious disease expert, “U=U is the foundation of being able to end the epidemic.”

In the United States, when you realize half of the people living with HIV are not on treatment and not in care or the services they need to stay healthy, it’s heart breaking, and also, it’s concerning.

**They’re also not getting those services that they need to stay un-transmittable.**

“To end the epidemic and save lives, we’re going to make sure that we invest in the wellbeing of people living with HIV, so they can stay healthy and prevent new transmissions,” Bruce says. “We need to link investing in the wellbeing of people living with HIV to ending the epidemic.”

According to Bruce, HIV stigma is particularly embedded in this country because of the last 35 years of mass fear-based messages.

“It’s something that is really hard to unlearn—decades of fear of HIV and people living with HIV,”

he says. “It’ll take a long time—that’s why we have to keep saying U=U.”

Ending the epidemic has just as much to do with making sure people living with HIV have access to healthcare.

“People living with HIV cannot pass it on if you make sure that all of us have the treatment and the care that we need to stay healthy,” Bruce says. “We’re not going to pass on HIV—we can have sex, babies, love—all with no risk.”

**The next frontier in stopping new infections — keeping people in care**

The next frontier is using U=U and advocacy for increasing access and removing barriers to treatment and care.

Our argument used to be that we need access to treatment, or whether it’s supportive services like housing or employment, or food security or mental health care. We need increased access to treatment and care for the **wellbeing** of people living with HIV. That was our argument. That should be enough, but it isn’t.

Prevention Access has another really important argument it’s getting across to

advocates, especially in the U.S. where people have such dismal access to treatment and so many barriers to treatment.

“Our expanded public health argument is that we need access to treatment and removing barriers, not just for the wellbeing of people living with HIV,” he said. “But also, to **prevent new transmissions.**”

U=U serving as a public health argument to prevent new transmissions of HIV will enable us to move forward so much faster in getting people the care that they need to stay alive, to thrive and to stop new transmissions.

“U=U has to be a revolution that includes everyone,” said Bruce. “Using it as a public health argument in advocacy is going to be essential to make sure that everyone has the option to benefit from U=U.”

Preventionaccess.org offers a lot of information, including social shares that allies can use. It’s also got tips about the language that we should all be educating ourselves about.

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— BRUCE RICHMAN,  
PREVENTION ACCESS FOUNDER

U=U

Facts NOT Fear

Undetectable = Untransmittable